



## 2023 Bloom After School Registration

Bloom After-School is a collaboration between enCourage Advocacy Center, Prairie Loft, and Hastings College. We are offering an After-School program for kids of all genders who will be in 4<sup>th</sup> through 8<sup>th</sup> grades for the 23-24 school year. The After-School program will be held every other Wednesday, with exact dates found below. The curriculum focuses on building confidence and connection - with both self and others - in a natural outdoor setting. The goal of this program is to support children in developing a strong sense of authentic self, healthy relationships, and community.

**We want to inspire youth in our community to *bloom* into their best selves.**

### Scheduled Dates:

- Sept. 13<sup>th</sup>: 3p.m.-5p.m.
- Sept. 27<sup>th</sup>: 3p.m.-5p.m.
- Oct. 12<sup>th</sup>: 9a.m.-4:30p.m. (All day session for Fall Break)
- Oct. 13<sup>th</sup>: 9a.m.-4:30p.m. (All day session for Fall Break)
- Nov. 8<sup>th</sup>: 3p.m.-5p.m.
- **No session Nov. 22<sup>nd</sup>; Thanksgiving Nov. 23<sup>rd</sup>**
- Dec. 6<sup>th</sup>: 3p.m.-5p.m.
- Dec. 20<sup>th</sup>: 3p.m.-5p.m.

### Every other Wednesday Bloom After School will take place at Prairie Loft and will include:

- Circle Time: A safe place for participants to share their thoughts, questions, and feelings
- Active Learning: Exposure to fun, movement, creative art, and cooperative activities to promote respect and appreciation for self, others, and nature
- Facilitation of setting and working toward personal and group goals
- A lesson based & focused on healthy friendship
- A nutritious snack

### There is no registration fee for the Bloom After School Program

**Transportation can be provided! The transportation release form can be found at [encouragecenter.org](http://encouragecenter.org) or by scanning the QR code at the bottom of this page.**

Enrollment is **limited to 15 youth per semester**. At least four adults, including enCourage and Prairie Loft Staff, will be present each day. Registered families will receive further info prior to camp from [bloom@encouragecenter.org](mailto:bloom@encouragecenter.org).



Prairie Loft Center for Outdoor and Agricultural Learning is located just west of Hastings at 4705 DLD Road.



Please email this completed form to [bloom@encouragecenter.org](mailto:bloom@encouragecenter.org).

**Child's Name** \_\_\_\_\_

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Gender \_\_\_\_\_

Pronouns (pronouns are the words people can use to refer to us when they don't say our name; for example, she, her, they, them) \_\_\_\_\_

**Parent/Guardian 1:** Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ cell work home (*circle one*)

Alternate Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ cell work home (*circle one*)

Email address \_\_\_\_\_

**Parent/Guardian 2:** Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ cell work home (*circle one*)

Alternate Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ cell work home (*circle one*)

Email address \_\_\_\_\_

**Local Emergency Contact** (*authorized to act on behalf of parent(s) if they cannot be reached*)

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Relationship to child \_\_\_\_\_

### **Health Information**

List allergies, sensitivities, physical/cognitive conditions, or other health issues that program leaders should know about.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Parent/Guardian Authorizations**

My child (or ward) has permission to participate in the Bloom After School activities during the sessions and programs in which they are enrolled. I understand that outdoor activities may have inherent risks and that reasonable measures will be taken to safeguard the health and safety of all participants.

I will assure that my child is properly prepared for all activities including having proper clothing and equipment, being in good health and willing and able to participate in Bloom After School activities.

I understand that I will be notified as soon as possible in case of any emergency, unusual illness, or injury affecting my child. In the event that I cannot be reached, I hereby authorize the alternate contact people to act on my behalf and authorize enCourage staff to contact a physician if necessary. I hereby give programming staff and volunteers permission to provide appropriate routine and emergency care for my child.

I understand that my child may appear in photographs or videos while participating in activities. Prairie Loft or enCourage may use the photo or film for publicity, promotional, or educational purposes.

*Optional: If you do not want your child's photograph used by enCourage or Prairie Loft, initial here:* \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_\_\_